

MAYOR JIM GRAY



LEXINGTON

SCOTT COLVIN
INTERIUM DIRECTOR
COMMUNITY CORRECTIONS

STATEMENT OF RESPONSE TIME

I, (print your name) _____, fully understand that as part of my employment with the Lexington-Fayette Urban County Government, Division of Community Corrections, I must reside within a one (1) hour response time to the work site in case of emergency and/or recall to duty.

Furthur, I understand that this requirement must be met within the six (6) month probationary period as a condition of permanent employment.

Signature

Date

